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**Healthy Neighbourhoods**

**Funding support for organisations that support healthy communities**

**Application form for funding up to £1,000 or £5,000**

**Please read the guidance notes before you complete this form**. **An incorrect or incomplete form will mean that your application is delayed or even rejected**

Complete all questions. Sections will expand as you complete your answers.

**Contact details**

|  |  |
| --- | --- |
| **Name of organisation** |  |
| **Main contact person** |  |
| **Full address including postcode** |  |
| **Email address** |  |
| **Telephone number** |  |

|  |  |
| --- | --- |
| **When was your group established?** |  |
| **How many people are involved in running the group?** | **Committee/Board** |  | **Volunteers** |  |
| **Paid Staff** |  | **Members** |  |
| **Is your group part of a larger organisation? If yes, please provide brief details.** |
| **Your group must have a set of rules or a constitution - please supply a copy signed by the chair of the board of trustees / management committee.**(If you don’t have the above, please contact CVS for support & guidance) |
| **Your group must have procedures to cover equal opportunities and child and vulnerable adult safeguarding - Please enclose a copy signed by the chair of the board of trustees / management committee.** (If you don’t have the above, please contact CVS for support & guidance) |
| **Please provide a copy of your latest annual report / last three months of accounts / simple financial statement signed by the chair of the board of trustees / management committee.**(If you don’t have the above, please contact CVS for support & guidance).  |

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| **Group Bank/Building Society -** **Name:****Address:****Postcode:****Account Name:****Sort Code:****Account Number:** |
| **If your group does not have a bank account, please explain what alternative banking arrangements you make.** |  |

1. Proposed title of project:

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|  |

2. Please indicate which pot you are applying to – please consult the guidance note to check which pot(s) you want to apply to:

|  |  |
| --- | --- |
| **Pot** | **Tick one or both** |
| **Addressing Barriers**  |  |
| **Peoples’ Voice**  |  |

3. Please tell us about your proposal explaining how it will address barriers to good health or help give people a voice or both. Please refer to the guidance note to find out what information we need (max 350 words):

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4. Please give a start and end date for the project:

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| --- |
|  |

5. In which of the West Lancashire neighbourhood areas will your project cover? Please indicate all that are applicable:

|  |  |
| --- | --- |
| **Area** | **Tick one or more** |
| Skelmersdale and Upholland |  |
| Ormskirk and Aughton |  |
| Burscough, Parbold and the Northern Parishes |  |
| All of West Lancashire |  |

6. Approximately **how many** individuals in priority groups (please see guidance note) will benefit from the project/activity?

|  |  |
| --- | --- |
| **Priority group** | **Number benefitting (for each priority group supported)** |
|  People on a low income  |  |
| Ethnic minorities |  |
| LGBT+  |  |
| Refugees and asylum seekers  |  |
| Women  |  |
| Disabled people includes mental health |  |
| Care leavers |  |

7. What **difference** will your project make (include specific outputs and outcomes) to these groups? Please remember that this is not just about how much or how many but about **what will change** (max 300 words).

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8. What **evidence** do you have to show that this project is needed? (max 300 words)

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9. How will you **evaluate/measure** the impact of your project? (max 350 words)

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|   |

10. Budget

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| Please provide an itemised indicative budget (add extra lines if necessary) and, where appropriate, show us how you have calculated the amounts shown, e.g. Staff costs - 1 worker for 6 months at £200 per month, Room hire 1 day per week @ £25 for 26 weeks etc. |
| **BUDGET ITEM** | **COST** |
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|  |  |
| What is the total cost of your project (including match funding)? |  |
| How much money are you requesting from this fund? |  |
| If the total cost of the project is more than this grant request, please state where the rest of the funding is coming from. |  |

## 11. Any additional information you wish to provide? (max 250 words)

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# 12. Declaration

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| **I confirm that the information contained in this form is accurate** |
| Name in block capitals |  |
| Signature |  |
| Position  |  |
| Date |  |

# APPLICATION CHECKLIST

|  |  |  |
| --- | --- | --- |
| Have you included the following with your application? | Yes | No |
| A fully completed application form |  |  |
| Your group’s rules or constitution |  |  |
| A copy of your group’s safeguarding policies |  |  |
| All other relevant documents |  |  |

# If you have ticked the ‘No’ column please explain why:

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| Applications to be submitted no later than **5pm on 18 January 2023** to vicky@wlcvs.org. Tel: 07598552949. |